

**Nixa Farmers Mutual
Insurance Company**

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Nixa, MO 65714

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REQUEST FOR CHANGE

Mid-Term Change

Renewal Update

Effective Date _____

Anniversary Date _____

Policy # _____

Named Insured _____

LINE ITEMS CHANGE: (Do not show new items. For Package policies, show dwelling amount only.)

Item #	Amount of Insurance			Rate	New Prem.	Item Description
	Present	Add (delete)	New Total			

NEW ITEMS ADD:

Item #	Amt. Ins.	Rate	Ann. Cost	Description (Location - Size - Const. - Use - Rate Class; Year, Make, Model, Serial #)

OTHER CHANGES

Deductible: From \$ _____ To \$ _____

Policy Type: From _____
(Signature required) To _____

Billing: From-Annual _____ Semi _____ Quarterly _____
To-Annual _____ Semi _____ Quarterly _____

Bill To: Policyholder Mortgagee

NAMED INSURED, BILLING ADDRESS (Correction only; Policy not assignable)

MORTGAGEE OR LOSS PAYEE CHANGE: New Change Add

CANCEL POLICY Signature Required Reason _____

OLT, INLAND MARINE AND LIABILITY, POLICY CHANGE: _____

FOR OFFICE USE ONLY

Bill Insured Bill Mortgagee Refund

Previous Balance Due: _____

Fire: _____

Liab.: _____

Other: _____

Total Due / Refund: _____

Initials _____ Date _____

Memo:

Date

Agent Signature

By: Mail Phone In Person

Insured Signature